

# EXHIBIT B

DEPT 1011  
PO BOX 4115  
CONCORD CA 94524



PERSONAL & CONFIDENTIAL

Address Service Requested

#BWNFTZF #CHRD10971409185#



MARIA VINAS GARCIA 11224763-36  
7804 GARLAND AVE  
TAKOMA PARK, MD 20912-7712

**CHASE RECEIVABLES**

A Professional Collection Agency  
(877) 256-2510  
A Professional Collection Agency  
PLEASE CALL BETWEEN  
Monday-Friday 6:00am to 6:30pm PST  
Saturday 7am to 2:30pm PST

September 18, 2014

**RE: HEALTHPORT**  
143062886

**Chase# 11224763**

**TOTAL BALANCE: \$26.56**

Our client, HEALTHPORT, has asked Chase Receivables to contact you to find out if there is a problem regarding your bill. At this time, HEALTHPORT has no record of receiving payment from you.

Often an unpaid bill is nothing more than a misunderstanding or sometimes the result of the bill having been lost or forgotten. Though we are a collection agency and our business is to collect unpaid bills, we are also in the business of helping work out problems that occasionally arise between companies and their customers. We would very much like to help you resolve this issue.

HEALTHPORT, has informed us that you have an outstanding balance in the amount of \$26.56. This bill represents fees incurred for retrieving medical records that you requested. To make a payment, please use one of the convenient payment options listed at the bottom of this correspondence. If you believe that there is a problem with your account you may contact us at the number listed below.

**You can go through our Automated System to submit a Credit Card payment by calling (888) 483-6183.**  
**If you would like to submit a dispute, you can email us at [chaserec@chaserec.com](mailto:chaserec@chaserec.com).**

We appreciate your prompt response to this letter.

Sincerely,  
Chase Receivables  
(877) 256-2510

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL ASSUME THIS DEBT IS VALID. IF YOU NOTIFY THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION OF IT, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR OBTAIN A COPY OF A JUDGMENT AND MAIL YOU A COPY OF SUCH JUDGMENT OR VERIFICATION. IF YOU REQUEST OF THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THIS OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE CURRENT CREDITOR.

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT.

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**PAY ON LINE [www.chaserec.com/paymethod.php](http://www.chaserec.com/paymethod.php)**

TO ACCESS YOUR ACCOUNT ONLINE USE THE FOLLOWING PIN# 55546

Payment Methods Available: Credit Card, Electronic Payments over the phone, Post-Dated Electronic Payments, Money Orders, Certified Checks, Western Union-(City Code=Chase Receivables, Score CA.)

HEALTHPORT

**Chase# 11224763-36**  
CHASE RECEIVABLES  
1247 BROADWAY  
SONOMA CA 95476

MARIA VINAS GARCIA  
7804 GARLAND AVE  
TAKOMA PARK, MD 20912-7712

AMOUNT: \$ 26.56

CREDITOR	ACCT #	CLIENT ID#	PRINCIPAL	AMOUNT
HEALTHPORT	11224763	143062886	26.56	26.56
			Total.....>	26.56